

<b>a</b> Control number		22222	Void <input type="checkbox"/>	<b>For Official Use Only ►</b> <b>OMB No. 1545-0008</b>			
<b>b</b> Employer identification number			<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		
<b>c</b> Employer's name, address, and ZIP code			<b>3</b> Social security wages		<b>4</b> Social security tax withheld		
			<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Employee's social security number			<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial		Last name		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 <small>C o d e</small>	
				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> <small>C o d e</small>	
				<b>14</b> Other		<b>12c</b> <small>C o d e</small>	
						<b>12d</b> <small>C o d e</small>	
<b>f</b> Employee's address and ZIP code							
<b>15</b> State Employer's state ID number		<b>16</b> State wages, tips, etc.	<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	
						<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury—Internal Revenue Service

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